

City of Albuquerque
Official Business Registration Application
Home Based Business



Congratulations on taking one of the first steps to starting your new business in the City of Albuquerque! All business operating in the City of Albuquerque are required to obtain a Business Registration (Ordinance 53-1981). This includes both home-based and commercial businesses.

FEES

The administration fee collected, which pays to set up and maintain your registration are **Non-Refundable**. The annual fee for a Business Registration is \$35.00 per business location.

Health Permit Fees

If your business involves handling, preparation, service of food, a swimming pool, liquor stores, bars/lounges, or convenience stores with liquor please contact the City Environmental Health Department at 505-768-2600 to obtain any information on health permits that apply to your business. Inspection fees for each permitted location will be determined by the City Environmental Health Department

Late Fees: Businesses that fail to pay the registration fee by the date business has commenced or anniversary date will be charged an additional late fee of \$10.00 per year.

FILING YOUR BUSINESS REGISTRATION APPLICATION

Complete all sections of the application. Be sure the information is complete, legible and accurate. Information you include in your application is public information.

Business Addresses/Location

The City requires a business registration for every business location in the City of Albuquerque (Ordinance 53-1981). Zoning approval is required only for the location listed on the application. It is the responsibility of the business owner to notify the City Treasurer in writing of any changes to the business location. A separate business registration application is required for each new business location

Each business location or residence address must have a physical address. A post office box may be used only for the mailing address.

Questions

Please contact the City's Treasury Division with any business registration questions or concerns either by phone at 505-768-3463 or by email at cagialoro@cabq.gov.

On behalf of the City of Albuquerque, We Wish You Success On Your New Business!



BUSINESS REGISTRATION APPLICATION HOME OCCUPATION

Phone contact- (505) 768-3463 for questions on this section or in general.

PLEASE ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

*REQUIRED FIELDS (Please Print)

BUSINESS OWNER				
	*OWNER NAME:			
	*ST#	*STREET NAME	*STREET TYPE	*POST DIR
	*CITY		*STATE	*ZIP
	*PHONE#		FAX#	
	<input type="checkbox"/> PROPRIETORSHIP/SOLE OWNER <input type="checkbox"/> LLC			
	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NOT FOR PROFIT			
	<input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER			
*STATE TAX ID#		*OWNER TYPE		

BUSINESS FACILITY				
	FACILITY NAME:			
	ST#	STREET NAME	STREET TYPE	POST DIR
	CITY		STATE	ZIP
	PHONE #		FAX#	

DESCRIBE SERVICE OR PRODUCTS PROVIDED

BUSINESS START DATE:

MAILING ADDRESS IF DIFFERENT FROM ABOVE

STREET #	STREET NAME	STREET TYPE	POST DIR

ZONING ENFORCEMENT

Phone contact- (505) 924-3850 for questions on this section.

PLEASE ANSWER ALL QUESTIONS:

1. Name of property owner: _____
2. Describe the business activity: _____
3. Please explain how the dwelling unit will be used in reference to this activity? _____

4. A) How many people besides yourself will be working in the dwelling unit? _____
B) Do they all live in the dwelling? _____
5. Please explain the activity in the dwelling unit:
A) Will anything be manufactured or produced on the premises? _____
B) Will any merchandise be sold at the dwelling unit? _____
C) Will any merchandise be displayed at the dwelling unit? _____
D) Will the home occupation involve auto repair? _____
E) If the answer to any of the above is "yes", please explain: _____

6. A) Please explain which room(s) of the dwelling unit will be used for this activity. _____
B) Will the room(s) to be used for this activity equal or exceed 25% of the total floor area of the dwelling unit? _____
If yes, please explain: _____
C) Will any stock in trade be stored in the dwelling unit or on the premises? _____
If "yes", will an area equal to more than 5% of the floor area of the dwelling unit be dedicated to the stock in trade? _____
7. Will the activity be conducted outside in the yard, patio or open courtyard of this dwelling unit? _____
If "yes", please explain: _____
8. A) Will there be any vehicle(s) used in connection with the home occupation? _____
B) How many such vehicles will be parked at this location? _____
C) Describe what the vehicle(s) will be used for: _____
D) Describe the size and type of vehicle(s): _____
E) Describe the anticipated deliveries or pick up by commercial vehicles to the site (number per week, type of delivery) _____
F) Will there be any other type of vehicle traffic to & from the site as result of this home occupation? _____ If "yes" explain: _____

9. Will there be external (outside) evidence of the home occupation use, such as storage, noise, dust, odors, noxious fumes, or other nuisances emitted from the premises?_____, If yes, explain:_____
10. Is the home occupation use related to health care (such as physicians or other medical occupations, counseling, nursing homes, massage, therapy, etc.)?_____
- If "yes", please explain._____
11. Is this home occupation related to adult amusement (such as a companion or escort service)?_____
12. Will there be a sign placed on the premises relating to the home occupation use?_____ If yes, follow the restrictions provided below:
1. It shall not exceed one square foot in area.
 2. It is non-illuminated.
 3. It must be affixed to the façade of the house.

NOTE: If your business involves any of the following, but not limited to: Adult Amusement, Auto Dismantler/Auto Dealership, Escort Service, Firearms, please be advised that you will be required to visit the Zoning Office located at 600 Second Street NW, 1st floor Plaza Del Sol Building, phone: (505) 924-3850.

Please read the following statement carefully before signing the application:

I understand that my signature below indicates that all of the information contained on this application is true and correct and that zoning of this home occupation is dependent upon me abiding by all the regulations found in Section 14-16-2-6(g); of the Zoning Code (Article XVI of Chapter 14 of Revised Ordinances of Albuquerque, New Mexico 1994).

Applicants Signature

Telephone Number

Date

Application Check List:

- ☐ 1. Fill out entire application completely.
- ☐ 2. Enclose in an envelope the application with a check for \$35.00. Please do not enclosed cash. The payment fee (\$35.00) is non-refundable.
- ☐ 3. Mail to: City of Albuquerque, Treasury Division, Attn: Business Registration, P.O. Box 17, Albuquerque, NM 87103 or deliver in person to City Treasury, 600 2nd Street. This is on the corner of 2nd Street and Roma Street NW.

-----Please Do Not Write Below This Line-----

OFFICE USE ONLY

ZONING OFFICE

ZONE:

APPROVED/DISAPPROVED

MAP:

BY: _____ DATE: _____

COMMENTS